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[Date notice sent to all parties]:

11/6/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: lumbar sympathetic block right l3-l4

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Physical Medicine and Rehab

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who reported an injury on XX/XX/XX. The patient was diagnosed with reflex sympathetic dystrophy of the lower limb. An official x-ray of the right foot on 03/17/2014 showed moderate hallux valgus deformity, degenerative changes, and intramedullary pin transiting the distal and proximal phalanges of the 5th digit. The claimant underwent lumbar sympathetic blocks on 04/02/2015 and 06/19/2015. Other treatments consisted of opioid analgesics and heat treatments. The most recent progress note was illegibly handwritten on 09/24/2015 indicated the patient complained of moderate leg, ankle and foot pain rated 5/10 to 10/10 on VAS. The patient also complained of low back pain that radiated to the lower extremities. Physical examination findings included allodynia, hyperpathia and decreased temperature. Current medications were noted as Ultram and Nucynta. The request was for right lumbar sympathetic block at L3-L4. The request was previously denied on 10/02/2015 because “Guidelines state that repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch

(decreased allodynia) is documented to permit participation in physical/occupational therapy. The response to the lumbar sympathetic blocks performed on 04/02/2015 and 06/19/2015 had not been provided in the submitted records. In addition, there was no evidence of failure of recent conservative treatment warranting pain management through a sympathetic nerve block." The request was denied again on 10/21/2015 because "the current clinical information provided failed to include the patient's response to the lumbar sympathetic blocks performed on 04/02/2015 and 06/19/2015."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The current information provided for review did not include any additional clinical documentation to support lumbar sympathetic blocks performed on 04/02/2015 and 6/19/2015. The Official Disability Guidelines state that the repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction and increased tolerance of activity and touch (decreased allodynia) to permit participation in physical therapy/occupational therapy. Sympathetic blocks are not a standalone treatment. The response to the lumbar sympathetic blocks performed on 04/02/2015 and 06/19/2015 was not provided with the documentation reviewed. In addition there was no evidence of failure of recent conservative treatment to substantiate pain management or support a sympathetic nerve block. As such, the previous outcomes are upheld.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Pain/CRPS, sympathetic blocks (therapeutic)

Recommendations (based on consensus guidelines) for use of sympathetic blocks (diagnostic block recommendations are included here, as well as in CRPS, diagnostic tests):

(1) There should be evidence that all other diagnoses have been ruled out before consideration of use.

(2) There should be evidence that the Budapest (Harden) criteria have been evaluated for and fulfilled.

(3) If a sympathetic block is utilized for diagnosis, there should be evidence that this block fulfills criteria for success including that skin temperature after the block shows sustained increase (greater than or equal to 1.5° C and/or an increase in temperature to > 34° C) without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should occur. This is particularly important in the diagnostic phase to avoid overestimation of the sympathetic component of pain. A Horner's sign should be

documented for upper extremity blocks. [Successful stellate block would be noted by Horner's syndrome, characterized by miosis (a constricted pupil), ptosis (a weak, droopy eyelid), or anhidrosis (decreased sweating).] The use of sedation with the block can influence results, and this should be documented if utilized. (Krumova, 2011) (Schurmann, 2001)

(4) Therapeutic use of sympathetic blocks is only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled (See #1-3). These blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation.

(5) In the initial therapeutic phase, maximum sustained relief is generally obtained after 3 to 6 blocks. These blocks are generally given in fairly quick succession in the first two weeks of treatment with tapering to once a week. Continuing treatment longer than 2 to 3 weeks is unusual.

(6) In the therapeutic phase repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) is documented to permit participation in physical therapy/ occupational therapy. Sympathetic blocks are not a stand-alone treatment.

(7) There should be evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block during the therapeutic phase.

(8) In acute exacerbations of patients who have documented evidence of sympathetically medicated pain (see #1-3), 1 to 3 blocks may be required for treatment.

(9) A formal test of the therapeutic blocks should be documented (preferably using skin temperature).

(Burton, 2006) (Stanton-Hicks, 2004) (Stanton-Hicks, 2006) (International Research Foundation for RSD/CRPS, 2003) (Colorado, 2006) (Washington, 2002) (Rho, 2002) (Perez, 2010) (Van Eijs, 2011)